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## **Reinventing the Medical Humanities?**

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# THE POLYPHONY

CONVERSATIONS ACROSS THE MEDICAL HUMANITIES

## Reinventing the Medical Humanities?

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*Anna Magdalena Elsner reviews the Cultural Crossings of Care conference held at the University of Oslo 26-27 October 2018*





Based on Hyginus's myth of Cura, Julia Kristeva, together with Marie Rose Moro, John Ødemark and Eivind Engebretsen, argues in a 2017 paper entitled 'Crossings of Care: An appeal to the medical humanities' that we must radically rethink the Medical Humanities. This paper provided the impetus, title, and theoretical framework for a conference held at the University of Oslo on 26-27 October 2018. Based on the paper, the aim of the conference organizers was to question the distinction between the 'objectivity of science' and the 'subjectivity of culture' and to thereby 'reinvent' the Medical Humanities, building on, but going beyond 'second wave' Medical Humanities approaches. The fascinatingly rich conference program – almost 100 papers presented in 21 panels subdivided into seven parallel sessions with speakers from five continents in addition to five prominent keynote speakers – managed to renew the engagement with the question of what the medical humanities are and ought to be, and what challenges the field currently faces. It was an extraordinary testimony to the rich and diverse work being done in this field, and perhaps also a reminder that the dynamic process triggered by critique and a search for definitions is more valuable than the 'reinvention' itself.

The conference started with a keynote by Brian Hurwitz about the difference between the case and the anecdote and the narrative tensions arising when the subjectively experienced is fitted into the structures of the supposed generality and objectivity of biomedicine. Highlighting the interest of medical humanities research in both, Hurwitz proposed that we need to attune ourselves to the



tensions and subversions produced by the collisions arising between poetic memoir and scientific demonstration. On the second day of the conference, Marie Rose Moro's keynote explored the concept of ethnopsychiatry and enabled participants to experience it by including a fascinating excerpt from Laurence Petit-Jouvet's film 'J'ai rêvé d'une grande étendue d'eau' (2002). The film documents Moro's innovative approach to conducting a group therapy session at the Parisian Maison de Solenn, and thereby allowed to consider the challenges arising in bridging theory and clinical practice. It was followed by Trisha Greenhalgh's keynote, an energetic and proactive call to arms for the humanities that made the case that understanding the cultural contexts of language is foundational to deciphering the rhetorical frameworks that inform healthcare policy, political arguments and moral choices. A roundtable, chaired by Brandy Schillace, editor of *BMJ Medical Humanities*, considered more practical implications, such as the need to include research undertaken in languages other than English in order to enable multilingualism and a true crossing of cultural perspectives. The conversation raised points about inclusion, peer-review and translation, and yet it also highlighted the limits of what a single journal bound by editorial policies and scientific standards can realistically do to achieve this.

Throughout the conference and based on my personal selection of parallel sessions, I found those papers particularly stimulating that engaged directly with the position paper, as they provided a common basis for discussion. Jane Macnaughton raised the point that by overemphasizing the 'difference' between medicine and the humanities, the position paper could create the idea that these fields are unified, when instead they are themselves made of pluralities. Kéline Gotman argued that Kristeva's discussion of the case of Souad (which is part of the position paper) seeks to reintegrate the French Muslim girl into a normative French culture rather than questioning the norms of this culture itself – which is what Gotman would have expected from the 'cross-cultural space for a bidirectional critical interrogation' that the position paper calls for. Given the tight schedule and the fact that short discussions took place after each paper rather than collectively, the papers in the parallel sessions I attended unfortunately ended up being very loosely connected with little time to discuss shared themes.

The undisputed highlight of the conference, however, was a memorable conversation between Julia Kristeva and Rosemarie Garland Thomson that followed Julia Kristeva's keynote lecture. Kristeva's lecture was a poetic *tour de force* centering on the topic of irreducible singularity, disability, difference and mortality as the pivot of a social pact. Drawing on her exchanges with Jean Vani in *Leur regard perce nos ombres*, including references to Baudelaire and Didero



*Lettre sur les aveugles à l'usage de ceux qui voient*, she highlighted the central role of ultimate otherness, empathy and the importance of 'maternal reliance'. In conjunction with this, she drew on her experience as a mother of a child suffering from neurological deficiencies – her son David. Highlighting that the tragic can become a chance, an experience and a dream, thereby making the norm dynamic, she proposed that the true cultural revolution of care is still to come.

Garland Thompson started her invited response by welcoming Kristeva into the field of critical disability studies, commending her for her concept of 'maternal reliance' – Kristeva's exploration of the 'volo ut sis' – the maternal impulse of simply 'wanting a child to be'. She read Kristeva as thereby providing a productive echo of Levinas's work and commented on how valuable Kristeva's thinking was from a feminist care ethics perspective. Then, however, Garland Thomson's response took a sharp turn, which she already signaled when remarking that Kristeva's 'use of the term deficit made her wince'. She criticized Kristeva for drawing too firm a line between 'you and me', which in her view, risks alienating the other. 'Maternal reliance', according to Garland Thompson thereby turns into 'maternal benevolence', whereby the other is degraded to the state of an 'abject muse'. Kristeva's focus on irreducible singularity, Garland Thompson proposed, failed to take into account a shared ontological reality. What was spectacular about this response and the dialogue that followed, was that apart from the intellectual confrontation itself, the navigating of these theoretically opposed points of views came as a reminder of what a critical dialogue in academia can and should be.

As exciting as this exchange on critical disability studies and Kristeva's thought was, it left me with the question that I came with, namely that it is unclear to me in what ways the position paper 'reinvents' the Medical Humanities, given that the critical medical humanities already called for the need to pay further attention to entanglements and cultural contexts. The position paper agrees with this, but proposes to take this further, by breaking down the difference between medicine and the humanities and to thereby liberate the medical humanities from being continuously relegated to an 'instrument of repairment'. But despite these reservations, the paper itself was a very successful tool allowing all participants to draw on a 'shared text'. As a scholar of French literature engaging with the critical medical humanities, I moreover regard it – as well as the paper's call to launch a new think tank for the Medical Humanities – not only as a sign that French academia is prepared to engage more actively with the field (which is also confirmed by further French initiatives such as USPC Humanités Médicales and the UMR 7172 Thalim), but that cross-cultural dialog in the medical humanities is



already started to take place.

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